

Office of Statewide Health Planning and Development  
Internet Hospital Quarterly Reporting System

**QUARTERLY REPORTING ENROLLMENT FORM**

Instructions for Completing Quarterly Reporting Enrollment Form

To initially access the Office's Internet Hospital Quarterly Reporting System (IHQRS), all hospitals must first complete and submit the Quarterly Reporting Enrollment Form. All enrollees must establish a User ID and password, which must be between five and 12 characters in length. Your password must contain at least one alpha and one numeric character. Upon receipt and verification of this form, the Office will confirm your enrollment by FAX and provide you with the OSHPD web-site address of the IHQRS. If you forget your User ID and/or password, you may contact the Office at the numbers below. To change your User ID or password, you must submit another form.

Name	Title
Phone No.	FAX No.
E-mail	OSHPD Facility No.
Hospital or Organization Name *	
Address	City/State/Zip Code
User ID (5-12 characters)	Password (5-12 characters, at least one alpha and one numeric character)
Signature	Date

Please make a copy of the completed form for your records and mail the original to:

Patricia Burritt  
Office of Statewide Health Planning and Development  
Accounting and Reporting Systems Section  
818 K Street, Room 400  
Sacramento, CA 95814

**Contact Information**

Phone (916) 323-0875  
FAX (916) 323-7675  
E-mail pburritt@oshpd.state.ca.us

\* If enrollment is requested for multiple hospitals, please attach a list those hospitals. Be sure to indicate the OSHPD Facility Number for each hospital. You may use a different User ID/password combination or the same User ID/password combination for each hospital.

*(For OSHPD use only)*

Date Received:	Date Enrolled:	By:
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